



Application For Service Academy Nomination
Office of Congressman James R. Langevin
(Please type or print)

Name: _____
(Last) (First) (Middle)

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Social Security Number: _____

Phone: _____ E-mail: _____

High School: _____ Year of Graduation: _____

If already graduated, present activity:

Father's Name, Address and daytime phone number:

Mother's Name, Address and daytime phone number:

Check the Academies you would like to addend. If you are interested in more than one Academy, please number in order of preference.

- _____ U.S. Air Force Academy, Colorado Springs, CO
_____ U.S. Merchant Marine Academy, Kings Point, NY
_____ U.S. Military Academy, West Point, NY
_____ U.S. Naval Academy, Annapolis, MD

Have you ever had any problems with the law? Yes _____ No _____
(If yes, please explain on a separate sheet of paper.)

I certify that I am a legal resident of the Second Congressional District of Rhode Island.

I understand that if my application is not postmarked by the October 31* deadline, I will not be given final consideration for nomination.

Signature

Date

***If October 31 falls on the weekend, applications are due the following Monday.**